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A Case of Inverted Uterus. By A. Hamilton, M. D. F. R. S. Ed. Professor of Midwifery in the University, and Fellow of the Royal College of Physicians of Edinburgh.

OF the accidents which occur in consequence of parturition, none is perhaps more liable to happen under the management of ignorant practitioners, than inversion of the uterus.

Fortunately, however, in the greatest number of such cases, the inversion is only partial; a circumstance, to which probably may be attributed the many histories of favourable termination of inverted uterus, which have lately been recorded by medical writers.

The following case differs from every other which I have had access to know.

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The publication of it may therefore prove useful.

In the year 1777, a midwife (who died several years ago) attended the labour of a lady, who before had been the mother of several children.

The labour was as favourable as could be wished, and, after a few hours, a living child was born. At that time, however, the midwife received a pressing message from another patient, which induced her to extract the placenta as expeditiously as she possibly could.

The violence with which this was accomplished, gave the patient very great torture, succeeded by pains resembling the throes of labour, attended with much straining, bearing down, and suppression of urine, along with a considerable degree of hæmorrhagy.

These symptoms continued for nearly thirty-six hours, during which time the midwife was absent. From the report of the attendants on her return, she assured the patient, that she had another child to bear, which, she added, easily accounted for what she had suffered.

Having passed her hand within the vagina, she felt a round hard substance. This confirmed

firmed her opinion ; and therefore, she pronounced the bulky body to be the head of a dead child, which, she said, she would be able to remove, without occasioning much pain.

For this purpose, she grasped the round substance with her hand, and began to pull it down with the greatest force ; and this she continued to do, till she was obliged to desist, from her own strength having failed ; for she did not regard the dreadful cries of the patient, nor the threatening symptoms of convulsions.

The attendants then insisted on my being sent for. On my arrival, I found a large fleshy mass, protruded from the pudendum, and extending very nearly to the knees ; this I immediately knew was the uterus in an inverted state. The midwife, however, having asserted, that no such accident had happened, I called for a taper, and, drawing back the bed-clothes, shewed her the effects of her inhuman rashness. From this circumstance, having an opportunity of examining the case very accurately, I discovered, that the uterus,
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and along with it the vagina, were completely inverted.

The state of the unfortunate patient was highly alarming: her pulse was scarcely perceptible, and she had clammy sweats, attended with fainting. In short, from every symptom, there was great reason to apprehend immediate death.

I resolved, however, to attempt to reduce the inversion; but I found it impracticable; for the os uteri had contracted very much, and was so rigid, that it rendered the return of so large a body as the uterus, then was, absolutely impossible.

As every attempt to reduce the inversion had failed, and increased the disposition to faintings, and threatening convulsions, I was obliged to content myself with replacing the vagina, and pushing up the uterus within it. This, I confess, I did more for the sake of decency, than from any hope of saving the patient, whose case I considered as desperate.

Soon after this had been accomplished, her pulse having become stronger, I gave her 35 drops of tinct. thebaic. and took my leave for that night.

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On my return next morning, I learned, that she had slept quietly for six hours after taking the opiate; but, since that time, she had suffered violent pain, from the inverted uterus being again protruded through the os externum, in consequence of having turned on her knees, from an urgent desire to make water.

The reduction of the inversion was again found impracticable; and therefore, being encouraged by the temporary relief which had ensued from replacing the uterus within the vagina, I determined to confine my views to that practice alone. I hoped, by doing so, at least to obviate the violent pain, the suppression of urine, and the tenesmus, which were occasioned by the protrusion of the uterine tumour.

I therefore reduced the uterus within the vagina, and retained it there by means of a ring pessary, mounted with sponge.

By this treatment, to my great satisfaction, the bearing down pain gradually abated, and the patient made water freely soon after.

During several days, there was a fetid purulent discharge from the vagina, and therefore

fore topical injections were frequently employed, and the bark was given internally.

About fourteen or fifteen days after the uterus had been retained within the parts, the vagina assumed a gangrenous appearance, which rendered it necessary to withdraw the pessary, notwithstanding which the uterus kept its situation.

From this period, the patient gradually recovered, although, for several months, she was very much debilitated, and subject to fluor albus, and moderate uterine hæmorrhagy, from time to time.

In six months, she began to recover her appetite and strength, and was able to take more exercise than could have been expected; for I met her one day when she had walked above a mile and a half, without much inconvenience, except being greatly fatigued.

At the end of twelve months she was quite well, able to take the charge of her family as usual, and became regular in the menstrual evacuation, though the uterus continues completely inverted.

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The principal medicines which she took during her convalescence, were, the Peruvian bark and vitriolic acid. She had recourse also to the country air, and used the cold bath.

It is now fourteen years since the accident happened, yet the patient lives, and enjoys a tolerably good state of health.

To this case I am induced to add a few observations on *Inversio Uteri*, for which the importance of the subject is a sufficient apology.

The uterus, at the full term of gestation, when emptied of the liquor amnii, and child, is a large bag, supported only at the cervix by the ligaments which fix it to the sides of the pelvis, and connected with the vagina below. Part of the bladder is attached to the fore part of its cervix, and the rectum is slightly fixed to the back of the same part.

In this situation, the uterus, in natural cases, after the patient has recovered from the shock of delivery, begins to contract on all sides, by which means the placenta is separated and expelled. If, however, the practitioner does not wait for this contraction, but pulls

by the umbilical cord, as the cake is generally attached to some part of the fundus, seldom at the cervix, the uterus will be inverted.

Some authors have endeavoured to prove, that the womb, if suddenly emptied of its contents, may be inverted by the bearing down of the patient, pushing the fundus through the open os uteri; but the reasons hitherto offered, to support the probability of such an occurrence, seem to me to be very unsatisfactory, and are by no means convincing.

In cases of very large pelvis, when the labour pains are strong and forcing, if the convolutions of the cord round the child be considerable, the uterus may, in some degree, be inverted. This is, however, an accident which can be attended with no disagreeable consequences, under the management of a judicious practitioner.

There are two kinds of inversion of the uterus. These differ materially from each other, in symptoms and event. Hence, though they are only degrees of the same disease, they require different treatment, and may be
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termed the Partial, and the Complete Inversion.

The former of these is distinguished from the latter, by its appearance on examination, and by the symptoms which supervene.

The uterus, when partially inverted, does not hang without the pudendum, but is felt within the vagina, as a round firm substance, resembling the head of a child. It was this circumstance which deceived the midwife, in the case I have described. In this disease, therefore, the fundus uteri alone is protruded through the os tincæ, which may readily happen from its unsupported state, if the cord be violently pulled, before the womb contracts.

When, however, the uterus is completely inverted, the tumour extends from the pudendum to the knees; and the vagina, being also protruded, is turned out like the finger of a glove. This circumstance cannot happen without laceration of the ligaments, &c. which connect the uterus to the sides of the pelvis. The bladder must also be unavoidably drawn out of its situation.

The Complete inversion of the uterus cannot therefore be induced, except by very violent and forcible efforts; consequently, the practitioner who is guilty of occasioning such an accident, must be destitute of every principle of humanity, as the pain attending so dreadful an operation must be almost insupportable.

The dangers to be dreaded from the Partial inversion of the uterus, are profuse uterine hæmorrhagy, and inflammation of the womb, with its consequences. The suppression of urine, and tenesmus, which supervene for some days, are only temporary symptoms, which disappear in proportion as the bulk of the womb decreases.

In such cases, the hæmorrhagy often proves fatal; for the orifices of the large blood-vessels, with which the placenta was connected, pour out a vast quantity of blood in a very short time.

This, however, is not always followed by death; for the orifices, being exposed, in some degree, to the action of the air, have their diameters contracted, or plugged up by coagula, while the os tinæ, by pressing the fundus

cus uteri violently, prevents the blood from flowing into the large arterial trunks.

From this view, therefore, it is certainly often in the power of the practitioner to prevent the fatal termination of this disease, even though the uterus cannot be replaced in its natural state. If, however, the reduction cannot be accomplished, the patient is generally exposed to uterine hæmorrhagy during the remainder of her life, whenever she is fatigued, or makes any considerable exertion.

In every case, therefore, of Partial Inversion of the uterus, the complete reduction ought to be attempted. Dr White's method, for this purpose, will often succeed, when every other fails, and should therefore be always adopted.

If the reduction of the uterus cannot be effected, which can very rarely be done where proper assistance has not been procured soon after the accident, the practitioner, for the reasons already stated, should not despond, but ought to employ every means in the power of our art, to stop or moderate uterine hæmorrhagy.

The Complete inversion of the uterus is followed by consequences much more dangerous than those which occur in the Partial one.

The patient feels the most excruciating pain; deliquia and convulsions succeed, which induce almost immediate death. In five or six cases, where this horrible accident had happened, although I was in the patient's house within from a quarter to three quarters of an hour after the inversion, they had all expired before my arrival.

From authors having universally mentioned profuse uterine hæmorrhagy as the consequence of the complete inversion of the womb, I was led particularly to attend to that circumstance; and, in no such case did I ever observe more than a trifling discharge; so that the fatal event is to be imputed solely to the deliquia and convulsions. These must unavoidably ensue from the violent injury done by the laceration of the ligaments, &c.

It is probable, that, in complete inversion, no uterine hæmorrhagy can take place; for the ligaments through which the large blood-vessels

vessels pass to the uterus, must be lacerated, or very much stretched; in either of which cases, the passage of the blood will be stopped.

The branches of the hypogastric, which enter the uterus at its cervix, serve, in such cases, to nourish it, and hence prevent mortification of that organ, in the event of the patient surviving, as in the case which I have related.

There is much reason to believe, that it is impossible to reduce the completely inverted uterus, except immediately after the accident has happened, before the os uteri has begun to contract; at least, I have tried to do so in vain. Dr White's method I have always followed, but without success; and, as the disease terminates fatally so suddenly, no time ought to be lost in making fruitless attempts. Those practitioners who have imagined that they had replaced the inverted uterus, when the accident had happened many hours before, have mistaken the case; for, under such circumstances, the uterus can only have been partially inverted.

Some doubts have occurred to me with re-

spect to the propriety of reducing the completely inverted uterus to its natural situation, even though it were practicable: these I cannot, on this occasion, explain fully. In order, however, to suggest an inquiry into the subject, I shall just mention, that they are founded on the state in which the uterus would be, were it perfectly replaced.

In every case of complete inversion, I do not hesitate to advise, that too much time should not be exhausted in attempting the reduction; and that, if convulsions threaten, the uterus should be replaced in its inverted state, within the vagina, and retained there.

The case which I have described, exhibits an example, both of the partial and complete inversion of the uterus; no instance of which, I believe, has been recorded: It affords an example of recovery, under circumstances which, in the greatest number of similar well authenticated cases, have proved fatal to the patient.

My ingenious and much respected friend, Dr Denman, has, in his valuable collection of engravings, obliged the world with the representation

sentation of an inversion of the uterus, where the patient recovered for several months. This may perhaps be considered by some, as similar to that which occurred to me. There are, however, circumstances in the history of Dr Denman's patient, which induce me to suspect, that the inversion was, in her case, only partial.

For the accident was not discovered, in that case, till twenty-four hours after it had occurred; which could never have happened, had the uterus been pulled down completely through the os tinæ. The woman also had uterine hæmorrhagy, which does not, I have endeavoured to prove, take place in complete inversion; and, as the most certain confirmation of my suspicions, the ligaments, as represented in Dr Denman's elegant plate, though "altered in their direction," are nearly in their ordinary situation, with respect to their connection with the sides of the pelvis.

I will conclude these observations, by remarking, that, from what I have seen in my
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own practice, and from the histories I have received of cases, in that of others, I am led to believe, that by far the greater number of those who recover from Inversio Uteri, have had the uterus only partially inverted.

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